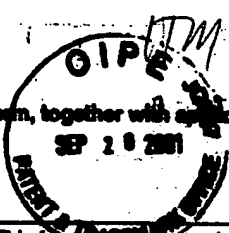


Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE
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PART B—ISSUE FEE TRANSMITTAL

AB

MAILING INSTRUCTIONS: This form is used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

WM21/0612
BLAKELY SOKOLOFF TAYLOR & ZAFMAN
12400 WILSHIRE BOULEVARD 7TH FLOOR
LOS ANGELES CA 90025

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T.J. DELGADO

(Depositor's name)

(Signature)

(Date)

9/12/01

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/186,302	11/04/98	043	GRANT, C	2611 06/12/01
First Named Applicant: SHAH-NAZAROFF, 35 USC 154(b) term ext. = 0 Days.				

TITLE OF INVENTION METHOD AND APPARATUS FOR COLLECTING AND PROVIDING VIEWER FEEDBACK TO A BROADCAST

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	42390.P6488	725-024.000	H55	UTILITY	NO	\$1240.00 09/12/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP**
2. _____
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE **INTEL CORPORATION**

(B) RESIDENCE: (CITY & STATE OR COUNTRY) **SANTA CLARA, CALIFORNIA**

Please check the appropriate assignee category indicated below (will not be printed on the patent)

- ☐ Individual ☒ corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

EDWIN H. TAYLOR REG. NO. 25,400

(Date)

9/12/01

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